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ABSTRACT

These three units for students in a practical nursing program provide supplemental instruction in caring for adult patients with respiratory conditions. Unit titles are Introduction to Care of the Patient with a Respiratory Condition, Infectious Respiratory Conditions, and Chronic Lung Conditions. Each unit contains the following: objectives, an introduction, and five to nine learning strategies. A learning strategy may consist of a reading assignment, an information sheet, a task, a laboratory assignment, a clinical experience, a worksheet, viewing of an audiovisual aid, a group activity, or a patient situation (case study). A self evaluation guide and a selected patient care plan are also provided. (YLB)

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ARE OF THE ADULT

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SISTING THE ADULT WITH A RESPIRATORY CONDITION

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ASSISTING THE ADULT WITH A RESPIRATORY CONDITION

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ASSISTING THE ADULT WITH A RESPIRATORY CONDITION

UNIT A: INTRODUCTION TO CARE OF THE PATIENT WITH A RESPIRATORY CONDITION

Upon completion of this unit, the student will be able to (according to principles and procedures given in suggested references):

1. Recall the normal structure and function of the respiratory system.

2. Identify four (4) ways diagnostic tests assist the physician.

3. Describe the psychological and physical preparation of the patient for any diagnostic test.

4. State a reason for each of the respiratory diagnostic tests.

5. Define a given list of 14 terms related to diagnostic tests.

6. Identify at least five (5) evidences of respiratory distress.

7. Discuss the practical nurse's role in assisting the adult who may need:

   a. assistance to improve breathing
   b. postural drainage
   c. assistance to dispose of infected sputum properly
   d. the orthopneic position
   e. T.C.H.
   f. oxygen administration
   g. oral-nasal suctioning

8. Discuss the psychological impact of severe respiratory distress.

9. Demonstrate with assistance, the following tasks in the clinical setting:

   a. postural drainage
   b. T.C.H.
   c. oral-nasal suctioning
   d. oxygen administration

10. Locate the hospital lab manual.

11. Provide care for a patient with a respiratory condition or any condition that interferes with the need for oxygen.

INTRODUCTION

Medical nursing is that branch of nursing that assists the physician with the diagnosis and treatment of diseases which are capable of being cured or controlled by medical treatment. Actually, there are few patients who are classified as purely "medical" or purely "surgical" in the strictest sense of the word.

As a practical nurse, you will care for patients who need medical care. In order to do this, you will need a basic understanding of the principles and practices of nursing regardless of the patient's diagnosis.

This packet has been designed to introduce you to the care of the patient with a respiratory condition.

DISEASES OF THE RESPIRATORY SYSTEM ARE THE MOST COMMON CONDITIONS EXPERIENCED BY MANKIND.

LEARNING STRATEGY NO. 1 READING

A. Review the Body Structure and Function Packet on the Respiratory System.

B. Read about "The Patient With a Respiratory Disorder" in Rosdahl's Textbook of Basic Nursing.

C. Read about "Nursing Care: Diseases of the Respiratory System" in Keane's Essentials of Nursing.

ASSESSING THE "NEEDS" OF THE PATIENT WITH AN INADEQUATE OXYGEN SUPPLY REQUIRES THE USE OF THE FIVE SENSES!

LEARNING STRATEGY NO. 2 INFORMATION SHEET

DIAGNOSTIC TESTS

I. INTRODUCTION

Every individual who enters the hospital participates in three or more diagnostic tests. The information from these tests assists the physician in four different ways. Diagnostic tests are able to:

A. Determine the individual's general physical condition. (Ex. CBC, UA, X-ray)

B. Determine the cause or etiology of the disease. (Ex. cultures)

C. Confirm that a suspected disease condition does exist.

D. Guide the physician in determining the maximum effect of medications. (Ex. blood clotting time when anticoagulants are used)

THE NURSING TEAM'S CONSCIENTIOUS PREPARATION OF THE PATIENT OFTEN DETERMINES THE ACCURACY OF THE TEST.

II. PSYCHOLOGICAL PREPARATION

Fear of the "unknown" is common among hospitalized patients. The practical nurse can help eliminate this by:

A. Explaining briefly what the test is, where it will take place, etc.

B. Answering the patient's questions regarding the test.

C. Allowing the patient to express his feelings about the test.

HAPPINESS IS PUTTING THE PATIENT AT EASE WITH REGARD TO DIAGNOSTIC TESTS!!

III. PHYSICAL PREPARATION

Efficiency in the physical preparation of the patient saves time and eliminates errors. The practical nurse should:

A. Use the lab manual as a guide to the patient's physical preparation.

B. Instruct the patient thoroughly as to his "part" in the test.

C. Make sure that he has a clean gown, a robe, and slippers if he is to be transported to another department.

D. Follow through on any "post" test instructions.

HAPPINESS IS HAVING THE PATIENT ADEQUATELY PREPARED FOR DIAGNOSTIC TESTS!!

LEARNING STRATEGY NO. 3 WORKSHEET

1. State a reason for each of the following respiratory diagnostic tests:

a. x-ray examination of the chest

b. examination of sputum specimen and culture

c. pulmonary function tests

d. bronchoscopy and bronchogram

e. blood gas determinations

f. skin tests

2. Define the following terms related to respiratory diagnostic tests:

a. planogram

b. fluoroscopy

c. tidal volume

d. vital capacity

e. total lung capacity

f. bronchoscopy

g. bronchogram

h. thoracentesis

i. PCO_2

j. PO_2

k. hemoptysis

l. tenacious

m. Mantoux

n. histoplasmosis

LEARNING STRATEGY NO. 4 INFORMATION SHEET

EVIDENCES OF RESPIRATORY DISTRESS

Adults with respiratory problems frequently have difficulty breathing. This is referred to as "dyspnea". According to Miller and Keane's Encyclopedia and Dictionary of Medicine and Nursing, "dyspnea is a symptom of a variety of disorders, and is primarily an indication of inadequate ventilation, or insufficient amounts of oxygen in the circulating blood."

Normally, respirations cannot be heard. Abnormal breathing patterns can be detected by alert listening. Abnormal sounds to report are:

- WHEEZING
- FREQUENT COUGHING
- GRUNTING WHEN EXHALING

REMEMBER

DYSPNEA IS A "SUBJECTIVE" SYMPTOM.

Early recognition of the signs of respiratory distress is an important part of caring for the patient with a respiratory condition. The basic need for oxygen is vital to life. Further evidences of respiratory distress can be noted by:

- OBSERVING THE PATIENT'S FACIAL EXPRESSIONS
- WATCHING FOR CYANOSIS AROUND LIPS AND NAIL BEDS
- QUESTIONING PATIENT FOR SIGNS OF DYSPNEA (DOES HE NEED HEAD ELEVATED TO BREATH EASIER, FREQUENT PAUSING FOR A BREATH WHEN TALKING, DOES ANY ACTIVITY MAKE HIM SHORT OF BREATH?)

A COOL ROOM WITH ADDED HUMIDITY OFTEN MAKES IT EASIER TO BREATHE.

LEARNING STRATEGY NO. 5 — TRAINEX

A. View the Trainex "Postural Drainage, Clapping, and Vibration". (RC 734.D7 P6)

B. Read "Postural Drainage", by Georgia Foss, American Journal of Nursing, April, 1973, pp. 666-669.

LEARNING STRATEGY NO. 6 — GROUP ACTIVITY

A. Discuss the practical nurse's role in assisting the adult who may need:

1. Assistance to improve breathing.
2. Postural drainage

3. Assistance to dispose of infected sputum properly.
4. Assistance to turn, cough and hyperventilate.
5. To have oxygen administered.
6. Oral-nasal suctioning

B. Demonstrate the orthopneic position according to Miller and Keane.

C. Discuss the psychological impact of severe respiratory distress.

LEARNING STRATEGY NO. 7 CLINICAL

A. Before each clinical day, establish your objectives with your instructor.

B. Each student will provide care for a patient with a respiratory condition or any condition that interferes with the patient's need for oxygen.

C. The instructor will demonstrate oral-nasal suction.

D. Each student will perform the following tasks as the opportunity arises:

1. postural drainage
2. T.C.H.
3. oral-nasal suctioning
4. oxygen administration

E. Each student will gather the equipment needed for oxygen administration in a simulated situation.

F. Each student will locate the hospital lab manual.

UNIT B: INFECTIOUS RESPIRATORY CONDITIONS

Upon completion of this unit, the student will be able to (according to principles and procedures given in suggested references):

1. Name the three (3) most common upper respiratory infections.

2. Identify the common symptoms, types, preventative measures and treatment of pneumonia.

3. Differentiate between "pulmonary" and "extrapulmonary" tuberculosis.

4. Identify the common symptoms, preventative measures and treatment of pulmonary tuberculosis.

5. Explain what a positive Mantoux means and why a chest x-ray is used to follow-up.

6. Describe the safest method to handle the sputum of the adult with tuberculosis.

7. Name three (3) drugs used to treat tuberculosis.

8. Explain when the adult with tuberculosis would no longer be considered contagious.

9. Name at least one (1) national organization that does research and education regarding TB and respiratory diseases.

10. Define a given list of 10 terms.

11. Explain the reason for each of the following nursing activities for patients with an infectious respiratory disease and identify the basic need that is being met by that particular activity:

    a. psychological support
    b. rest
    c. good nutrition

d. proper handling of sputum
e. relief of symptoms
f. forcing fluids
g. health teaching

12. Use information regarding respiratory conditions as a guide to what to look for, what to ask and what to report.

INTRODUCTION

Infectious respiratory conditions are dangerous because of their "infectiousness" and their "complications". Maintaining good health practices and thus, a high resistance is vital particularly during the winter season. Many of these conditions care "minor" and are treated by relieving the symptoms.

As a practical nurse, you will provide care for patients with "infectious" respiratory conditions. In order to do this, you will need a basic understanding of the conditions, the nursing care and how to prevent the spread of respiratory infections.

THE MOST COMMON U.R.I.'S (UPPER RESPIRATORY INFECTIONS) ARE THE COMMON COLD, ACUTE BRONCHITIS AND INFLUENZA.

LEARNING STRATEGY NO. 1 READING

A. Read about respiratory "Infectious Conditions" in Rosdahl's Textbook of Basic Nursing.

B. Read about "The Common Cold", "Acute Bronchitis", "Pneumonia", and "Pulmonary Tuberculosis" in Keane's Essentials of Nursing.

RESPIRATORY INFECTIONS TAKE THEIR TOLL ON THE AGED, DEBILITATED, AND THOSE WHO ARE CHRONICALLY ILL.

LEARNING STRATEGY NO. 2 INFORMATION SHEET

INFECTIOUS RESPIRATORY CONDITIONS

CONDITION: Pneumonia

TYPES OF PNEUMONIA:

Bacterial Pneumonia
Viral Pneumonia
Hypostatic Pneumonia
Aspiration Pneumonia
Lobar Pneumonia
Bronchial Pneumonia
"Walking" Pneumonia

COMMON SYMPTOMS:

1. Chills
2. Fever
3. Pain in the chest
4. Production of rust-colored sputum

PREVENTATIVE MEASURES:

1. Sound health practices encourage high resistance.
2. Prompt treatment of colds, influenza or any condition that may result in pneumonia as a "complication".

TREATMENT:

1. Antibiotics
2. Sulfonamides

PNEUMONIA MAY INVOLVE ONE OR BOTH LUNGS.

LEARNING STRATEGY NO. 3 INFORMATION SHEET

INFECTIOUS RESPIRATORY CONDITIONS

CONDITION: Pulmonary Tuberculosis

OTHER TUBERCULOSIS CONDITIONS:

Referred to as "extrapulmonary" tuberculosis and may affect:

1. bones and joints
2. other organs
3. skin
4. entire body (miliary)

COMMON SYMPTOMS:

1. cough
2. low-grade fever
3. loss of weight
4. night sweats

PREVENTATIVE MEASURES:

1. Sound health practices encourage high resistance.
2. Avoidance of exposure to persons with tuberculosis.
3. Early detection.
4. Vaccination
5. Administration of Isoniazid if Mantoux becomes positive.

TREATMENT:

1. Anti-tuberculosis drugs
2. Surgery

ACCORDING TO ROSDAHL'S TEXTBOOK OF BASIC NURSING, " . . . TUBERCULOSIS IS STILL THE MOST COMMON INFECTIOUS DISEASE IN THIS COUNTRY."

LEARNING STRATEGY NO. 4 PATIENT SITUATION

A. Read the following situation.

Mr. Ghon Tubercle, age 30, is a teacher in District 11. All teachers are required to have a Mantoux test or chest x-ray annually. Mr. Tubercle has had a positive Mantoux for approximately 10 years so he always has an x-ray. This year he was notified to contact his physician for the results of the x-ray. Dr. Ray Gamma explained to Mr. Tubercle that his x-ray definitely showed changes that were suggestive of pulmonary tuberculosis. Dr. Gamma advised him to be admitted to the hospital immediately for further diagnostic tests and treatment. He was admitted with the following orders:

Isolation for possible TB	Sed. rate
Strict bedrest	TPR q 4 hrs.
Repeat chest x-ray	24 hr. sputum for acid fast bacilli
CBC and differential	Gastric analysis for A.F.B.
Urinalysis	Restrict visitors

B. Answer the following questions.

1. Does a positive Mantoux indicate active tuberculosis? Why or why not?

2. Why did Mr. Tubercle have an x-ray each year rather than another Mantoux?

3. What is the name of the organism that causes tuberculosis?

4. Could Mr. Tubercle have been vaccinated for TB? Is vaccination considered a dependable prevention to tuberculosis?

5. Mr. Tubercle was isolated. Why?

6. Name three (3) ways tuberculosis is spread.

   a.

   b.

   c.

7. How should Mr. Tubercle's sputum be handled? (See the hospital isolation procedure)

8. Explain the effect of sunshine upon the tubercle bacillus.

9. Mr. Tubercle has pulmonary tuberculosis. Is it possible to have TB elsewhere in the body? If so, where?

10. List at least six (6) symptoms Mr. Tubercle could be experiencing:

    a.

    b.

    c.

d.

e.

f.

11. If Mr. Tubercle's final diagnosis is pulmonary TB, what kind of chemotherapy would you expect to be ordered?

12. Why is rest so important to Mr. Tubercle?

13. What kind of diet would you expect Dr. Gamma to order for Mr. Tubercle?

14. Discuss the surgical treatment for TB.

15. List three (3) complications of TB:

a.

b.

c.

16. Mr. Tubercle tells Dr. Gamma that he thought TB was an obsolete disease. Is this true?

17. When would Mr. Tubercle no longer be considered contagious?

18. Name one (1) organization that does research and education regarding tuberculosis and other respiratory conditions.

LEARNING STRATEGY NO. 5 TERMS

A. Define the following terms:

1. common cold

2. acute bronchitis

3. influenza

4. pneumonia

5. hypostatic pneumonia

6. bacterial pneumonia

7. viral pneumonia

8. bronchial pneumonia

9. pleurisy

10. spontaneous pneumothorax

LEARNING STRATEGY NO. 6 WORKSHEET

A. Nursing of the patient with an infectious respiratory condition requires some basic understanding of why certain nursing activities are done.

B. Complete the chart.

NURSING ACTIVITY	WHY IS THIS BEING DONE?	BASIC NEED BEING MET
1. Psychological support		
2. Rest		
3. Good nutrition		
4. Proper handling of sputum		
5. Isolation		
6. Relief of Symptoms		

NURSING ACTIVITY	WHY IS THIS BEING DONE?	BASIC NEED BEING MET
7. Forcing fluids		
8. Health teaching a. sound health practices b. importance of annual test for TB		
9. Other		

LEARNING STRATEGY NO. 7

GROUP ACTIVITY

A. Ron Asian, age 31, has been admitted to the hospital with a diagnosis of acute upper respiratory infection. Using the information sheets and any other resource of your choice, answer the following questions:

1. What should I look for?

2. What should I ask?

3. What should I report?

UNIT C: CHRONIC LUNG CONDITIONS

Upon completion of this unit, the student will be able to (according to principles and procedures given in suggested references):

1. Identify the three (3) common "chronic" lung conditions.

2. Idenitfy the "similarities" of the chronic lung conditions as to the common symptoms, preventative measures and treatment.

3. Identify the chronic lung conditions as to their definition and cause.

4. Explain the reason for each of the following nursing activities for patients with chronic lung disease and identify the basic need that is being met by that particular activity:

   a. psychological support
   b. postural drainage
   c. promotion of rest
   d. promotion of good nutrition
   e. administration of IPPB
   f. breathing exercise
   g. health teaching

5. Explain why oxygen is administered cautiously to patients with emphysema.

6. Use information about a chronic lung condition as a guide to what to look for, what to ask and what to report.

7. Define a given list of 8 terms.

INTRODUCTION

Chronic respiratory conditions are commonly referred to as C.O.L.D. This abbreviation refers to "chronic obstructive lung disease" which has become a national health problem in our modern day society. These conditions are a result of "recurrent infections" and other "bronchial irritating" factors that cause obstructions in the bronchial tree, bronchioles and the alveoli. The damage done by these conditions is not reversible but treatment can prevent further damage.

CONTINUOUS EXPOSURE TO SMOKE, DUST AND POLLUTION CAUSES THE LINING OF THE BRONCHIOLES TO THICKEN, DESTROYS THE PROTECTIVE CILIA AND STOPS THE OUTWARD FLOW OF MUCUS FROM THE LUNGS.

THE COMMON CHRONIC LUNG DISEASES ARE:

- CHRONIC BRONCHITIS
- BRONCHIECTASIS
- EMPHYSEMA

LEARNING STRATEGY NO. 1 READING

A. Read about "Chronic Bronchitis", "Bronchiectasis" and "Emphysema" in Rosdahl's Textbook of Basic Nursing.

B. Read about "Breathing Exercise", "Postural Drainage" and "Chronic Bronchitis, Bronchiectasis and Emphysema" in Keane's Essentials of Nursing.

LEARNING STRATEGY NO. 2 INFORMATION SHEET

CHRONIC RESPIRATORY CONDITIONS

COMMON CONDITIONS:

1. Chronic Bronchitis
2. Bronchiectasis
3. Emphysema

COMMON SYMPTOMS:

1. Persistent cough.
2. Expectoration of thick, tenacious sputum.
3. Shortness of breath with exertion (SOB).

PREVENTATIVE MEASURES:

1. Prompt treatment of "acute" lung infections.
2. Avoidance of factors that cause bronchial irritation: smoking, inhalation of air pollutants, and inhalation of irritating dusts and chemicals.

TREATMENT:

1. Antibiotics
2. IPPB with bronchodilators
3. Postural drainage
4. Expectorants

PREVENTION OF RECURRENT LUNG INFECTIONS IS CRUCIAL TO PATIENTS WITH CHRONIC RESPIRATORY CONDITIONS!!

LEARNING STRATEGY NO. 3 WORKSHEET

1. What is "chronic" bronchitis? When does it usually occur?

2. Why is the "chronic" cough of bronchitis known as the "smoker's" cough?

3. Name any other symptoms of chronic bronchitis that were not listed on the information sheet.

4. What is the cause of chronic bronchitis?

5. Define "bronchiectasis".

6. What is the cause of bronchiectasis?

7. Why are vaccinations for whooping cough, measles, and influenza recommended as a "preventative" measure for bronchiectasis?

8. Name any other symptoms of bronchiectasis that were not listed on the information sheet.

9. Is there a cure for bronchiectasis?

10. Define "emphysema".

11. What is the cause of emphysema?

12. Describe the appearance of the patient with emphysema.

13. Explain why oxygen is administered cautiously to patients with emphysema.

LEARNING STRATEGY NO. 4 — TRAINEX

A. View the Trainex "Care of the Patient with Emphysema". (RC 742.C3)

B. Optional: View the Trainex "What is Emphysema?" (RC 776.E5 W48)

LEARNING STRATEGY NO. 5 — FILM

A. Check film schedule to see when the film "Chronic Bronchitis and Emphysema" (Wayne State University, Detroit, Michigan) is scheduled.

LEARNING STRATEGY NO. 6 WORKSHEET

A. Nursing of the patient with chronic lung disease requires some basic understanding of "why" certain nursing activities are done.

B. Complete the following chart.

NURSING ACTIVITY	WHY IS THIS BEING DONE?	BASIC NEED BEING MET
1. Psychological support		
2. Postural drainage		
3. Frequent oral hygiene		
4. Promotion of rest		
5. Promotion of good nutrition		
6. Administration of IPPB		

NURSING ACTIVITY	WHY IS THIS BEING DONE?	BASIC NEED BEING MET
7. Breathing exercise		
8. Health teaching a. no smoking b. maintenance of good health practices		

LEARNING STRATEGY NO. 7 GROUP ACTIVITY

Mr. Joe Chronic has been assigned as your patient this morning. He has been diagnosed as having chronic bronchitis. He is an up patient and requires minimal nursing care.

A. Using the information sheet and any other resource of your choice, answer the following questions.

1. What should I look for?

2. What should I ask?

3. What should I report?

LEARNING STRATEGY NO. 8

TERMS

A. Define the following terms:

1. emphysema

2. clubbed fingers

3. orthopnea

4. expectoration

5. dysphagia

6. rale

7. C.O.L.D.

8. humidity

LEARNING STRATEGY NO. 9 SELECTED PATIENT CARE PLAN

A. Each student will complete the "Selected Patient Care Plan" which is located at the end of this packet. This is to be handed in to your instructor.

SELF EVALUATION GUIDE

1. Identify four (4) ways diagnostic tests assist the physician:

   a.

   b.

   c.

   d.

2. What responsibilities do you have to your patients regarding diagnostic tests? How can you carry them out?

3. Match the reason for testing to the specific respiratory test.

_____ x-ray of chest	a. to identify pathologic micro-organisms
_____ sputum culture	b. measures air taken in and out; their general respiratory status
_____ pulmonary function tests	c. examin with a scope and followed by x-rays
_____ bronchoscopy-bronchogram	d. to test for exposure to specific organisms
_____ blood gases	e. to determine oxygen and carbon dioxide levels
_____ skin tests	f. basic screening x-ray for infections, tumors or heart abnormalities

TRUE OR FALSE - Correct false statements.

_____ 4. Hemoptysis is emesis of blood.

_____ 5. A positive Mantoux means you have TB.

_____ 6. Histoplasmosis is a fungus disease of the lung.

_____ 7. Tenacious sputum is easily expectorated.

_____ 8. PO_2 is a blood gas study to measure the O_2 level in the arteries.

_____ 9. Thoracocentesis is removal of fluid from peritoneal cavity.

_____ 10. The patient will be NPO until the gag reflex returns after a bronchoscopy and bronchogram.

_____ 11. Hypostatic pneumonia is usually prevented by good nursing care.

_____ 12. The patient with pleurisy has no pain.

_____ 13. Pneumothorax results from air entering the pleural cavity.

_____ 14. C.O.L.D. is an abbreviation for the common cold.

_____ 15. Humidity aides expectoration.

16. List observations you would make to determine respiratory distress or inadequate ventilation.

17. If dyspnea is severe, what position is most effective? Describe briefly.

18. Name the three (3) most common upper respiratory infections:

    a.

    b.

    c.

19. List the four (4) most common symptoms of pneumonia:

    a.

    b.

    c.

    d.

20. List the common drug groups used to treat pneumonia.

21. List the four (4) common symptoms of TB:

    a.

    b.

    c.

    d.

22. Identify two (2) preventative measures for TB:

    a.

    b.

23. Name three (3) drugs used to treat TB:

    a.

    b.

    c.

24. Name an organization that does research and education regarding respiratory diseases.

25. List the three (3) most common chronic lung diseases:

    a.

    b.

    c.

26. List three (3) of the most common symptoms of chronic lung disease:

    a.

    b.

    c.

27. How are chronic respiratory diseases best prevented.

28. Briefly define the following:

    a. chronic bronchitis

    b. bronchiectasis

    c. emphysema

29. What gas is the respiratory stimulant?

30. Why are high levels of oxygen administration dangerous for the patient with emphysema?

31. What causes:

    a. barrel chest

    b. clubbed fingers

32. Is it usually acceptable to remove oxygen for a short period of time? Example: to wash the face and do oral hygiene

33. Dyspnea is a subjective/objective symptom.

34. You know that forcing fluids is usually indicated as treatment for respiratory infections. What approaches could you use to convince your patient?

SELECTED PATIENT CARE PLAN

1. Gather the following information regarding your assigned patient:

   a. Diagnosis:

      1. definition:

      2. predisposing causes:

         a.

         b.

      3. usual symptoms:

         a.

         b.

         c.

   b. Nursing observations particular to his/her illness:

      1.

      2.

      3.

c. Diagnostic tests:

1. purpose:

2. physical preparation:

3. results:

d. Medications: Submit a file card for at least two (2) medications that your patient is receiving.

e. Type of diet:

1. purpose of diet:

2. foods to be avoided:

3. foods allowed:

f. Priority of patient's basic needs:

BASIC NEED OR NURSING PROBLEM	NURSING APPROACH
1.	
2.	

REVIEW THE OBJECTIVES BEFORE TAKING THE MASTERY TEST!